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## NOTICE OF PRIVACY PRACTICES

This Notice describes how health information about you or your child (herein after referred to as "you" or "your") may be used and disclosed and how you can access this information. This Notice will describe the ways in which we may use and disclose your protected health information to carry out treatment, payment or health care operations, and for other purposes that are permitted or required by law. Please review it carefully. We reserve the right to change the terms of this Notice at any time. Any revision to this Notice will be applicable to all medical information we already have about you, as well as any of your medical information that we may receive, create, or maintain in the future. Upon your request, we will provide you with any revised Notice of Privacy Practices.

**1. Uses and Disclosures of Protected Health Information:** Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to facilitate payment of your health care bills and to support the operation of the physician's practice.

Following are examples of the types of uses and disclosures of your protected health care information that the physician's office is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

Treatment - We may use health information about you to provide, coordinate, or manage your health care and any related services. We may disclose health information about you to doctors, nurses, technicians, or other personnel who are involved in your healthcare.

Payment - We may use and disclose health information about you so the treatment and services you receive may be billed to and payment collected from you, an insurance company or a third party. This may also include the disclosure of health information to obtain prior authorization for treatment and procedures from your insurance plan.

Healthcare Operations - We may use and disclose health information about you for healthcare operations, including quality assurance activities; required by health insurance companies and customer service activities, including investigation of complaints; and certain marketing and fundraising activities, etc.

Appointment Reminders - We may use your health information to contact you as a reminder that you have an appointment for treatment or medical care.

Family Members and Friends - We may disclose your health information to individuals, such as family members and friends, who are involved in your care or who help pay for your care. We may make such disclosures when: (a) we have your verbal or written agreement to do so; (b) we make such disclosures and you do not object; or (c) we can infer from the circumstances that you would not object to such disclosures. For example, if family members are in the exam room with you, we will assume that you agree to our disclosure of your information in their presence.

We also may disclose your health information to family members or friends in instances when you are unable to agree or object to such disclosures, provided that we feel it is in your best interests to make such disclosures and the disclosures relate to that family member or friend's involvement in your care. For example, if you present to our clinic with an emergency medical condition, we may share information with the family member or friend that comes with you to our clinic.

With your Specific Written Authorization - Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written permission (called "authorization"). If you authorize us to use or disclose health information about you, you may revoke that authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization, Or Opportunity to Object – We may use or disclose your protected health information in the following situations without your consent or authorization. These situations include:

**Required by law:** We may use or disclose your protected health information to the extent that law requires the use or disclosure. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of law. You will be notified, as required by law, of any such uses or disclosures

**Public Health:** We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

**Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your protected health information if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement officials to identify or apprehend an individual.

**Required Uses and Disclosures:** Under law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. Seq.

**2. Your Health Information Rights:** Although your health record is the physical property of the physician that created it, the information belongs to you. You have certain rights with respect to your information as described below. If you wish to exercise your rights, you may write directly to our office.

Right to request a restriction on certain uses and disclosures of your information - You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone, such as a family member or friend, who is involved in your care or in the payment of your care. For example, you could ask that we not use or disclose information regarding a particular treatment that you received. We are not required to agree to your request. If we do agree, that agreement must be in writing and signed by you and us.

Right to request confidential communications - You have the right to request that we communicate with you about medical matters in a certain manner or at a certain location. For example, you may request that we limit our communications with you to contact at work or at home. Your request must be in writing, as described above, and must specify the manner in which or the location at which you wish to be contacted. All reasonable requests will be accommodated.

Right to inspect and/or request a copy of your health record - You have the right to inspect and/or receive a copy of any medical information maintained about you that may be used to make decisions about your care. Under federal law, however, you may not inspect or copy the following records; psychotherapy notes, information compiled in reasonable anticipation of or use in a civil criminal or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.

In order to inspect and/or receive a copy of your medical information, you must submit your request, in writing to our office. We may charge a reasonable fee for this service based on our cost of complying.

Right to request an amendment to your health record - If you believe the information we maintain about you is incorrect or incomplete, you may request that we amend the information. In order to request an amendment, you must submit a written request, as described above, indicating the specific information you wish to be amended and providing the reason supporting the request. Failure to put your request in writing or provide supporting reasoning is likely to result in a denial of your request.

We may also deny your request if you ask us to amend information that is accurate and complete, is not part of the information that you would be permitted to inspect or receive a copy of, is not part of the medical information maintained by our office, or was not created by us.

Right to obtain an accounting of disclosures of your health information - You have the right to request an accounting of disclosures, which is a list of certain disclosures of your medical information made by our office other than disclosures allowed or required by law or authorized by you. The request for this accounting must be submitted in writing as described above. Your request must include the time period for which you are requesting an accounting, which may not exceed six years and not include dates prior to April 14, 2003. Fees may be imposed as allowed by law.

Right to obtain a copy of this Notice upon request - A copy of the current Notice in effect will be available at the reception area, or may be sent to you upon your request.

**3. Complaints or Concerns:** If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. We will not penalize you for filing a complaint. You may contact our office if you have a question about this privacy Notice or about your privacy rights